

STANDARD CERTIFICATE OF DEATH

57 021305
STATE FILE NUMBER
2764

FILED JUN 28 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8016 JEFFERSON STREET			Length of stay in lb 1 YEAR		d. STREET ADDRESS 8016 JEFFERSON STREET		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRIET Middle LECODA Last RILEY				4. DATE OF DEATH Month JUNE Day 11 Year 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG-23-1864	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and state or country) CINCINNATI, OHIO				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME SHEPHERD G. RILEY				13b. MOTHER'S MAIDEN NAME HARRIET WARD		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address 8016 JEFFERSON STREET KANSAS CITY, MISSOURI MRS. JOSEPH SARTIN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bronchial						INTERVAL BETWEEN ONSET AND DEATH 4 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) --- DUE TO (c) ---						491 X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour --- Month, Day, Year a.m. --- p.m. ---							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Sept. 1956 to June 11, 1957 and last saw her alive on June 11, 1957 ✓ Death occurred at 10:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Otto W. Thiel (Degree or title) M.D.				22b. ADDRESS 4301 Main St. KCMo.		22c. DATE SIGNED 6-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 11-1957		23c. NAME OF CEMETERY OR CREMATORY SPRING GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) LOVELAND OHIO	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 6-12-57		26. REGISTRAR'S SIGNATURE Heva Minshall	

STATEMENT BY LICENSED EMBALMER,

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Robert R. [Signature]

Licensed Embalmer No. _____

4182

P. O. Address _____

K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.